

License Application Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

☐ CD Review

☐ WFD Review



**Westfield Community Development Department**

**2728 East 171<sup>st</sup> Street**

**Westfield, IN 46074**

**317.804-3170**

**www.westfield.in.gov**

**FIREWORKS LICENSE APPLICATION**

**Address of location where Fireworks will be sold (the "Property"):** \_\_\_\_\_

**Dates of Operation:** \_\_\_\_\_

**Building has Sprinkler System:** ☐ Yes ☐ No

**Applicant's Name** \_\_\_\_\_

**Applicant's Corporate Address:** \_\_\_\_\_

**Applicant's Email Address:** \_\_\_\_\_

**Applicant's Phone Number:** \_\_\_\_\_

**Name of Local Operator:** \_\_\_\_\_

**Operator's Email Address:** \_\_\_\_\_

**Operator's Phone Number:** \_\_\_\_\_

**List Three (3) Emergency Contacts:**

**(Note: List shall include name, phone number, email address and mailing address for each contact.)**

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**PLEASE NOTE:** *Copy of Approved State Required Permit or Copy of Pending Application Must Be Attached.*

**Signage:**

A description or illustration(s), with dimensions, of proposed signage and the location(s) of such signage must be attached.

**Fees and Duration of License:**

A license fee of \$1,000 shall be submitted with each application for each site. Each license shall be valid for a period of six months from the date of this license's issuance or until thirty (30) days after sales activities permitted under this license are discontinued.

**THIS SECTION FOR OFFICE USE ONLY**

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**Please Note: Any checks should be made payable to the City of Westfield.**

By signing this license application, I hereby certify that:

1. I am fully empowered and duly authorized by any and all necessary action or consent to execute and deliver this application and certification for and on behalf of the party for which I am signing;
2. The party for which I am signing has full capacity, power, and authority to carry out and enter into the obligations under this license;
3. This license has been duly authorized, executed, and delivered and constitutes a legal, valid, and binding obligation of the party for which I am signing; and
4. The party for which I am signing agrees to conform to the regulations of the City of Westfield, Hamilton County and the State of Indiana.

I hereby acknowledge and accept that this license may be immediately revoked by the City of Westfield for the commission of any act, or for failing to act in a manner, that constitutes a violation of any applicable law of the City of Westfield, Hamilton County or the State of Indiana.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Company/Entity Name (if applicable)

**Staff Comments:**